

Part I	General Information
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1 Name of organization

Friends of Nick Casumpang, Jr.

Employer identification number

91-1206589.3

2 Mailing address (P.O. Box or number, street, and room or suite number)

P.O. Box 50

City or town, state, and ZIP code

Kahului, Maui, Hawaii 96733

3 E-mail address of organization

Facsimile: (808) 873-8565

4a Name of custodian of records

Scott Hanano

4b Custodian's address

P.O. Box 1832

Wailuku, Maui, Hawaii 96793

5a Name of contact person

Sheldon R. Biga
Campaign Chairman

5b Contact person's address

22 Puukala Place

Kahului, Maui, Hawaii 96732

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Part II	Purpose
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7 Describe the purpose of the organization

Political campaign

Part III List of All Related Entities (see instructions)

8a Name of related entity

8b Relationship

8c Address

n/a

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9a Name

9b Title

9c Address

Sheldon R. Biga

Campaign
Chairman

22 Puukala Place

Kahului, Maui, Hawaii 96732

Scott Hanano

Treasurer

P.O. Box 1832

Wailuku, Maui, Hawaii 96793

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

July 29, 2000

Date: _____